

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	/						51	/							
2							52								
3							53								
4							54								
5							55	/							
6							56								
7							57								
8	/						58								
9							59	/							
10							60								
11							61								
12							62								
13	/						63								
14							64								
15							65								
16							66								
17							67								
18							68								
19							69								
20							70								
21	/						71								
22							72								
23							73								
24							74								
25							75								
26	/						76								
27							77								
28							78								
29							79								
30							80								
31							81								
32							82								
33							83								
34							84								
35							85								
36	/						86								
37							87								
38							88								
39							89								
40							90								
41							91								
42							92								
43	/						93								
44							94								
45							95								
46							96								
47	/						97								
48							98								
49							99								
50							100								
TOTAL IND.							TOTAL IND.	17							
TOTAL DEP.							TOTAL DEP.								
TOTAL CLAIMS							TOTAL CLAIMS	63							